

November 4, 2002

Re: Medical Dispute Resolution
MDR #: M2.02.0957.01
IRO Certificate No.: IRO 5055

Dear

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ____ for an independent review. ____ has performed an independent review of the medical records to determine medical necessity. In performing this review, ____ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician Board Certified in Orthopedic Surgery.

I am the Secretary and General Counsel of ____ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ____ is deemed to be a Commission decision and order.

Clinical History:

This claimant was injured on the job on _____. An MRI of the lumbar spine done on 09/05/01 revealed right L5-S1 foraminal stenosis by annular facet impingement, mild L4-5 and moderate L5-S1 discogenic degenerative changes, Moderate annular bulges at L4-5 and L5-S1, and mild L4-5 lateral recess narrowing by annular impingement without stenosis.

He was treated conservatively with physical therapy from August 2001, until 12/12/01. On 01/03/02 a provocative discogram was done, revealing the L3-4 level was normal; the L4-5 and L5-S1 levels showed concordant-type pain. This was felt to be a positive discogram. CT of the lumbar spine post discogram showed the extravasations at the L4-5 and L5-S1 levels. With previous treatment and with the failure of conservative treatment at this point, posterior lumbar interbody fusion at L4-5 and L5-S1 was recommended.

Disputed Services:

Posterior lumbar interbody fusion.

Decision:

The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that the requested procedure is medically necessary in this case.

Rationale for Decision:

It is felt that after this long a course of failed conservative treatment, with degenerative changes present, with a positive discogram, and with a positive MRI scan, the operative procedure of choice is the posterior lumbar interbody fusion.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within ten (10) days of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within twenty (20) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you five (5) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on November 4, 2002.

Sincerely,